

## **Health Data Committee Meeting August 17, 2000**

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Those in attendance: Members - Orrin Colby, Michael Stapley, Robert Huefner, Andrew Bowler, Keith Petersen, Clark Hinckley, Lori Reichard, Penny Brooke, Greg Poulson and Sandy Peck. Guests and Staff - Spencer Pratt, Office of Legislative Fiscal Analyst, Michelle McOmber, UHA, Phillip Jeffery, DOH, John Morgan, Chung-won Lee, Greg Stoddard, Robert Rolfs, Gulzar Shah and William Stinner

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Orrin Colby, Chair, was presiding.

Voted on the minutes from last meeting (5/11/2000), approved and second.

### **Election of Chair and Vice Chair**

Three names were nominated to serve as chair and two wanted their names removed and the other was Orrin, who can no longer serve based on the new by-laws. By-laws were amended to take effect in 2001.

(Unanimous vote). Orrin Colby is the chair, but at some point we will have to vote again for a new Chair, because the governor has approved only limited reappointment period for Orrin and Penny.

Four names nominated to serve as Vice Chair. Three withdrew their names and Andy Bowler is our nominee. The vote was unanimous. The new Vice Chair is Andy Bowler.

Luis has resigned from his job at the State. Orrin suggested that the committee have a lunch date for Luis and that would be assigned later. Orrin in a formal way, made a motion that the committee honor Luis's performance and tenure in serving with the committee for quite sometime now, in a form of a resolution. So move, second and unanimous vote.

Bob stated that Luis has been here in the office for nearly 10 years. He is a big loss for the office. He had a unique combination of technical skills and had a good understanding of the way this committee works. For the short term, Bob will be the Acting Director of the office. For the longer term, I (Bob) am actively interested to find someone to good replace him. The process of that is the Director of the Health Department is responsible for choosing the person, with the approval of the committee. I welcome any suggestions from the committee. The other updates were on data bases and that will be from John Morgan.

John Morgan reported that right now the staff are in the process of 1999 data. We're anticipating a release date, on the 1999 hospital discharge data, in November. And the ambulatory and emergency databases the beginning of next year. San Jan Hospital is more then six months out of compliance for turning in data. The committee should be involved if we have to take further measures for this compliance issue. They changed computer vendors, and are having problems with us accessing the data. It should be corrected in the next month.

Penny stated that we should have something in place to treat this hospital the same as other

hospitals in their situation, in the past.

John stated that we have done that, but they are working with us and should be in compliance within the next month.

Orrin asked John to keep the committee updated on that and talk at the next meeting.

Reporting-

Gulzar stated there is a list of reports that have been done in the last year in the member's packet. Also some highlights from our Website on the Internet. These are to encourage data users. They are small reports that might suggest we do larger reports on them in the future.

(List handouts)

Reports done by the office this year is (List of reports)

Hospitalization among Elderly

Hospital Discharge data - Medical adverse events.

Penny said that she and Scott Williams are both on the Utah Medical Assoc. and Utah Hospital Assoc. - Medical Errors Task Force. They are having trouble just defining medical errors. How is the H.D. defining medical errors?

Gulzar said we used a range of codes used by other studies. We are still trying to define what we will use.

Bob said that falls are one of the problems that happen in hospitals as adverse events. Unfortunately the discharge coding don't identify very well, if the fall happened in the hospital vs. why they ended up in the hospital. Scott presented what we were planning to do and we got some positive feedback on that.

Health Status Update-

The state produces a report each month and in July and August the reports were from this office on the HEDIS Reporting and Consumer Satisfaction Survey, which we got some feedback and also press coverage.

Gulzar stated another report that we have been working hard on is Cardiovascular Conditions. We are planning on linking, the inpatient data to mortality data. This will tell us about mortality in one year, as well as in the hospital.

Penny said we should probably send this list to the committee, who over sees us in the legislature.

Orrin asked what kind of distribution do these highlights have?

Gulzar said they are posted only the Website, but we do send an Email to all of the Program Managers, within the Health Department. They have said that they would like to see more reports like the Cardiovascular one.

Bob Hufner asked if we have a counter on the Website? How hard would it be to get one?

It would show the interest in the different reports and we could follow their lead.

Gulzar stated that only the Website itself has a counter, but I (Gulzar) will check into getting one for the highlights.

Mike Stapley asked how do we go about deciding which reports we are going to do? We need to do those kind of things that will attract the general public and the legislature. How much effort have we made to access the data resources of other states? Pennsylvania did some comparisons where Pennsylvania was looking really good and really bad. Another one took five states in New England and some areas where they had extra high, sex adjusted age adjusted, surgery rates. That got National Press. Look at what things really are going to have impact on the policy makers in terms of what is going to fly. Another study done was on TURP ( prostate surgery ) rates and showed that it was really high in Salt Lake County. One of the highest in the US.

Penny said one thing that she would suggest is to look at the report on the CHIP program. The other thing is that we look at past reports and now that we have more years of data, we could say because of this data we have seen improvements.

Keith Peterson stated he would like to see that, with the Coronary By-Pass grafts. Are we doing more or less, or how we compare with other western states?

Mike said that suicide got a lot of attention. One on violent deaths and show how Utah looks good. We need to get more creative, where there is a real need for information.

Penny stated that the Dept of Economic Development would love to have comparative data to compete for new industries.

Bob H. Could we come up with a list of things that are interesting subjects and that would give us a running start of what our possibilities are?

Greg Poulsen A capsulized analysis that says that this is what the data is telling us. Then the committee could say if it is interesting, and if not why are we doing the reports.

Keith said he would like to see the graphs 65 and older broken down a little more. 65, 70, 75, and older. And the comparative data from each year.

Orrin said the committee at the retreat also talked about this. We need to get into sub-committees and get back to the reason for the committee. (Small groups)

Bob R. stated that we can now do comparisons with other states.

Item #4 is approval of the release of a data set on medicaid and commercial satisfaction surveys. Data sets would be released for public use with health plan identifier and the enrollee identifiers removed, so that there would be no secondary releases. With the agreement that there would be no attempt to identify individuals and for legitimate research only. The individual health plans would have there own results, and could compare with the whole rest. Plan would not be identified at all.

Mike asked if this is for the health plans so they know where they stand, in the HMO system in the state?

Bob R stated that we should think of it as a sample of HMO enrollees in Utah and their satisfaction. So it's more of an examination of the satisfaction with the HMO system than with individual HMOs. But an individual plan could compare their results to the over all.

Penny asked but you don't think it useful for consumers to compare one plan against another?

Chung-won stated that the issue is how difficult would it be to get the health plans approval if the health plans were exposed? Yes we do need their approval. We are trying to stay with the rules.

Bob H. said this report would be very valuable to researchers, to look at how satisfaction varies across various demographic characteristics and especially across sub states.

Lori asked if we can change it so we can get these plans to let us identify them?

Mike said that he would like to see this report, but there might be some issues of privacy. If you look at the most recent report from Washington business group on health, they ranked "those things that made a difference in health plan selection". These surveys were way down the list, about number six.

Lori asked are the consumers aware that there is such a report to help them?

Greg P. stated that if there was a preclusion of breach of privacy, he can't imagine who would be against that and he can see more people being benefitted by it. So he moved to release it.

Mike second it.

Vote was unanimous.

Bob R. said that he thinks there is an underlying question here that relates to a lot of what we do and that is "Where are we most effective in a more a confrontational, more adversarial way and where are we most effective in a more cooperative way?" This was a cooperative effort and we want to keep it that way.

Orrin asked if we could make an inquiry and then go from there.

Keith - I think we should see the data, and see where it would be valuable and where it may not be valuable. I think we would feel uncomfortable releasing something we haven't even seen ourselves.

Bob R. said that there is a report on this and it is the same kind of data, but we are open to whatever way the committee would like to see that and review it and make suggestions.

Orrin - I think I am hearing enough interest in this that we should let the staff look at it in terms of

what would be a wise thing to present to this group?

Sandy asked, "I don't understand, if some of it has been published, then how is what is going to be published different?"

Bob H. - Now my understanding is what we have already published is what we have decided is a useful set of correlations. But this offers opportunity for many more kinds of correlations. One danger is there is some correlations that could be spurious. And in our deciding as a committee what's going to be released publicly, means that we have exercised some kind of responsibility that the things being published are sensible. It also means that we can't just pick and choose in order for promotional purposes or what ever. We just need to be aware of how it is being released.

Bob R. said that it looks like this matter needs more discussion and if we could bring some sort of summarization of the data that would make it more concrete.

Orrin stated that we could stay and discuss this further, but he would like to pull some of this together and schedule a meeting more quickly than in November.

Bob R. The fee schedule is in your packet and the committee doesn't have to vote on it but just for you information we would like you to be aware. We charge a reasonably sized fee, for public educational non for profit research organizations to get the data. A lot of the research would be in the public good and those are not always researchers that are able to pay for it. But the pressure from the legislature to cover the cost has led to that big charge. But some discussion of that would be warranted.

Bob H. It would be more expensive for us to do the research than to release it to them and let them do it. More that what we would gain by charging.

Bob R. We feel that these are things that we just don't have the time or the staff to do.

Mike One of the things that has been really difficult for some of the legislators to recognize is that the greatest use of the data is for public purposes. The legislature should be paying for it.

Bob R One of the other items out here is the opportunity to say that. The **IT commission** is a permanent committee of the legislature to track Information Technology issues. It includes both legislators, executive branch and members of the public. (21 members) They have decided to review all state agencies sale of data. So they have asked that we come and make a presentation. This is the part of the DOH that sells data. Their concern is privacy. Which I don't think is an issue because of the encryption. But it is an opportunity to tell the legislature about some of the other problems about selling data. If any of the committee members are interested in attending that, I'm sure they would welcome your input. The data is actually collected for the committees purposes. It's on **Sept. 28th at 1 PM in room 403 of the Capitol**. We are not selling data the way the Motor Vehicle License does. We are selling data NOT identified at the individual level. Just so they're comfortable with that. The second thing is the concept of the data being of public good. The HDC was set up because there was under investment of the information needed about the health care system. It was specifically set up because it wasn't being paid for by the entities

and needed by the public. I think the members of the committee can make that point better than a member of government can. There will be a note sent out to the whole committee with more details about this meeting.

The HDC biennial report is due the end of Oct. to the legislature. If you can get a copy of the last one, we would welcome suggestions. If you don't have a copy we can get you one.

Orrin Included is a copy of Luis's summary of the retreat. We need to include this in our next meeting also. Please take a few minutes and go over that on your own and then next meeting, I would like to propose some assignments where we might become more concentrated on some issues. Are there any other issues you would like to bring up at this time? OK then... (end)